



APPLICATION FOR PRIVATE ACTIVITY BOND ALLOCATION

This application form is provided for use pursuant to Section 108.510, RSMo. All bond issuers must complete and file this application with the Director of the Department of Economic Development prior to issuing Private Activity Bonds that are subject to the State Ceiling (as such terms are defined in Section 105.500, RSMo.)

PART A – BOND ISSUER

NAME OF ISSUER		NAME OF ISSUER'S SPOKESPERSON		TITLE	
STREET ADDRESS		P.O. BOX	CITY OR TOWN		STATE ZIP CODE
TELEPHONE	FAX NUMBER		E-MAIL ADDRESS		
WILL PROJECT BE LOCATED WITHIN THE CORPORATE LIMITS OF A CITY, TOWN OR VILLAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO- UNINCORPORATED AREA <input type="checkbox"/> NO – STATEWIDE			IF YES, NAME OF INCORPORATED ENTITY		COUNTY
NAME OF GOVERNMENTAL UNIT HAVING JURISDICTION OVER PROPOSED PROJECT OR FINANCING					
NAME OF HIGHEST ELECTED OFFICER OF THAT GOVERNMENTAL UNIT			TITLE OF HIGHEST ELECTED OFFICER		
HAS SAID OFFICER APPROVED THE PROPOSED FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED			HAS A PUBLIC HEARING BEEN HELD CONCERNING THE PROPOSED FINANCING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TO BE HELD <input type="checkbox"/> NOT REQUIRED		
BOND COUNSEL FOR ISSUER		FIRM NAME		TELEPHONE NUMBER	FAX NUMBER
STREET ADDRESS		P.O. BOX	CITY OR TOWN		STATE ZIP CODE

PART B – DESCRIPTION OF PROJECT OR FINANCING

TYPE OF BONDS (AS DEFINED IN THE INTERNAL REVENUE CODE OF 1986, AS AMENDED) (CHECK ONE)		
<input type="checkbox"/> Qualified mortgage revenue bonds <input type="checkbox"/> Qualified small issue bonds <input type="checkbox"/> Qualified student loan bonds <input type="checkbox"/> Qualified redevelopment bonds <input type="checkbox"/> Private activity portion of governmental use bonds <input type="checkbox"/> Other (specify) _____	Exempt Facility Bonds: <input type="checkbox"/> Mass commuting facility <input type="checkbox"/> Facilities for the furnishing of water <input type="checkbox"/> Sewage facilities <input type="checkbox"/> Solid waste <input type="checkbox"/> Qualified residential rental projects	<input type="checkbox"/> High-speed Intercity rail facilities <input type="checkbox"/> Facilities for the local furnishing of electric energy or gas <input type="checkbox"/> Local district heating or cooling facilities <input type="checkbox"/> Qualified hazardous waste facilities
NAME OF PRINCIPAL BENEFICIARY OF THE FACILITY OR ACTIVITY TO BE FINANCED WITH THE PROCEEDS OF BONDS (Include parent company and d/b/a where applicable)		
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE)		
LOCATION OF PROJECT (STREET, P.O. BOX, CITY, STATE, ZIP CODE)		
TYPE OF PROJECT OR PURPOSE FOR WHICH BOND PROCEEDS ARE TO BE USED (BE DESCRIPTIVE BEYOND INFORMATION PROVIDED BY SIC/NAICS CODE)		
AMOUNT OF ALLOCATION REQUESTED		STANDARD INDUSTRIAL CLASSIFICATION ("SIC") OR NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM ("NAICS") CODE FOR BENEFICIARY: <input type="checkbox"/> SIC SIC Number _____ OR <input type="checkbox"/> NAICS NAICS Number _____
DATE INDUCEMENT RESOLUTION OR OTHER COMMITMENT TO ISSUE WAS ADOPTED		
FOR QUALIFIED RESIDENTIAL RENTAL PROJECTS, PROVIDE NAME, CITY AND STATE OF DEVELOPER		

PART C – ATTESTATION

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION ON BEHALF OF THE BOND ISSUER.

SIGNATURE OF ISSUER'S SPOKESPERSON		DATE
SUBMIT TO:	Department of Economic Development Office of General Counsel 301 W High St., Room 680 P.O. Box 1157 Jefferson City, MO 65102 Phone: (573) 751-5097 Fax: (573) 522-5033	